

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M
Encounter Date: 08/31/2010 12:17	Race: BLACK
Provider: Hemphill, J. PA-C	Facility: LEW

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 08/31/2010 12:22

Requested to be cosigned by Plgos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Hemphill, J. PA-C	Race:	BLACK
Encounter Date:	08/31/2010 12:17			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 09/02/2010 10:09.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Alama, F. MLP	Race:	BLACK
Note Date:	08/03/2010 13:36			Facility:	LEW

Admin Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Alama, F. MLP

Seen this inmate for Toe Nail problem. He's able to cut his toenails with Clipper.
He shows relief from the pressure.

Copay Required:No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Alama, F. MLP on 08/03/2010 13:39
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Alama, F. MLP	Race:	BLACK
Encounter Date:	08/03/2010 13:36			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 08/03/2010 14:32.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1974	Provider:	Masser, K. Admin Asst	Race:	BLACK
Note Date:	07/23/2010 12:50			Facility:	LEW

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Masser, K. Admin Asst

Issued one pair of Unicor Institutional eye glasses.

Copay Required:No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Masser, K. Admin Asst on 07/23/2010 12:51

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	HILL, DAVID	Sex:	M	Reg#:	12585-007
Date of Birth:	05/16/1971	Provider:	Navarro, I. MLP	Race:	BLACK
Note Date:	07/14/2010 12:33			Facility:	LEW

Admin Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Navarro, I. MLP

Patient request refill of asthma inhaler. Hx of asthma since 6/27/2002

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
36857-LEW	Albuterol Inhaler HFA (18 GM) 90 mcg	07/14/2010 12:33	Inhale 2 puffs four times daily as needed x 90 day(s)

Indication: Respiratory disease (chronic) NOS

Copay Required:No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Navarro, I. MLP on 07/14/2010 12:39

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Fasciana, Francis MLP	Race: BLACK
Encounter Date: 06/24/2010 06:00		Facility: LEW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Fasciana, Francis MLP

Chief Complaint: No Complaint(s)

Subjective:

- Inmate in 4-point restraints.
- Voices no complaints at this time.
- Refers being in restraints " because I don't want to take on a cellmate."
- Refers has been drinking water and eating daily.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/24/2010	09:01 LEW	75	Radial		Fasciana, Francis MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/24/2010	09:01 LEW	16	Fasciana, Francis MLP

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

Affect

Pleasant (yes), Cooperative (yes)

Peripheral Vascular

Arms

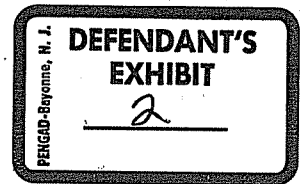
Radial Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Capillary Refill Normal (yes)

ASSESSMENT:

<u>Description</u>	<u>ICD9</u>	<u>Status</u>	<u>Status Date</u>	<u>Progress</u>	<u>Type</u>



IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DAVID HILL,

Plaintiff

vs.

HARLEY LAPPIN, et al.,

Defendants

CIVIL ACTION NO. 3:11-CV-1609

DECLARATION OF KEVIN PIGOS

1. I am currently employed as a Physician-Clinical Director by the Federal Bureau of Prisons (hereafter "BOP"), and assigned to the United States Penitentiary (USP) Lewisburg. I have been employed by the BOP since 2006. I certify that the Attachments referenced herein are true and accurate to the best of my knowledge.

2. The Plaintiff is a federal inmate currently confined in the United States Penitentiary (USP), Lewisburg. He is currently serving an aggregated sentence of 984 months for bank robbery and related firearms charges. He has a projected release date of 6-28-2074, via good conduct time release. **See Attachment A, Public Information for Plaintiff.**

3. I have reviewed the medical records for Plaintiff David Hill. Hill has a mild intermittent asthma condition. It is well controlled through a first line therapy regimen consisting of PRN (as needed) albuterol inhaler. **See Attachments B, Bureau of Prisons Health Services Health Problems; C, Bureau of Prisons Health Services Medication Summary Historical.**

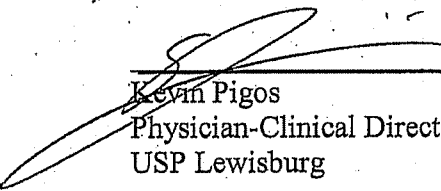
4. Plaintiff's medical records since January through June, 2011, indicate he has only had medication renewals. He did not signed up for sick call or been seen for anything during said time fram. **See Attachments D, Bureau of Prisons Health Services, Clinical Encounter-Administrative Note dated January 26, 2011; E, Bureau of Prisons Health Services, Clinical Encounter-Administrative Note dated June 6, 2011.**

5. Plaintiff's medical records since June, 2011 indicate he has been seen for ambulatory restraint checks (due to discipline related reasons for being placed in restraints); medication refills, including his albuterol inhaler; and lower back pain. See Attachments F, Bureau of Prisons Health Services records from June, 2011 through November 15, 2011.

6. Plaintiff's asthma is mild and well controlled. There is no need to transfer him to a medical facility.

I declare under penalty of perjury pursuant to 28, United States Code, Section 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

Executed this 21st day of November, 2011.



Kevin Pigos
Physician-Clinical Director
USP Lewisburg

Attachment A

LEW40
PAGE 001

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*

PUBLIC INFORMATION
INMATE DATA
AS OF 11-16-2011

*
*

11-16-2011
09:31:01

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW
PHONE...: 570-523-1251

FAX: 570-522-7745
RACE/SEX...: BLACK / MALE
AGE: 40
PAR ELIG DT: N/A.
PAR HEAR DT:

PROJ REL MT: GOOD CONDUCT TIME RELEASE
PROJ REL DT: 06-28-2074

G0002

MORE PAGES TO FOLLOW . . .

LEW40
PAGE 002

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PUBLIC INFORMATION
INMATE DATA
AS OF 11-16-2011

*
*

11-16-2011
09:31:01

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW
PHONE...: 570-523-1251 FAX: 570-522-7745
HOME DETENTION ELIGIBILITY DATE: 12-28-2073

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
THE INMATE IS PROJECTED FOR RELEASE: 06-28-2074 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: VIRGINIA, EASTERN DISTRICT
DOCKET NUMBER.....: 1:01CR00191-001
JUDGE.....: HILTON
DATE SENTENCED/PROBATION IMPOSED: 12-07-2001
DATE COMMITTED.....: 02-21-2002
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$700.00	\$00.00	\$00.00	\$00.00
RESTITUTION...:	PROPERTY: NO	SERVICES: NO	AMOUNT:	\$40,235.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 551
OFF/CHG: T18:371; CONSPIRACY (COUNT 1)
T18:2113 (A) & (D); ARMED BANK ROBBERY (COUNTS 2, 4&6)

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 300 MONTHS
TERM OF SUPERVISION.....: 5 YEARS
CLASS OF OFFENSE.....: CLASS B FELONY
DATE OF OFFENSE.....: 10-06-1999

G0002

MORE PAGES TO FOLLOW . . .

LEW40	*	PUBLIC INFORMATION	*	11-16-2011
PAGE 003	*	INMATE DATA	*	09:31:01
		AS OF 11-16-2011		

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW
PHONE...: 570-523-1251 FAX: 570-522-7745

-----CURRENT OBLIGATION NO: 020 -----

OFFENSE CODE.....: 130

OFF/CHG: T18:924(C) (1) (A), 924(C) (1) (A) (III); USE OF A FIREARM DURING A
CRIME OF VIOLENCE. (COUNTS 3,5&7).

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 684 MONTHS
TERM OF SUPERVISION.....: 5 YEARS
CLASS OF OFFENSE.....: CLASS A FELONY
RELATIONSHIP OF THIS OBLIGATION
TO OTHERS FOR THE OFFENDER....: CONSECUTIVE
DATE OF OFFENSE.....: 10-06-1999

-----CURRENT COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 10-04-2011 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 05-16-2008 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 020: 020 010, 020 020

DATE COMPUTATION BEGAN.....: 12-07-2001
AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA
TOTAL TERM IN EFFECT.....: 984 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 82 YEARS
AGGREGATED TERM OF SUPERVISION...: 5 YEARS
EARLIEST DATE OF OFFENSE.....: 10-06-1999

JAIL CREDIT.....:	FROM DATE	THRU DATE
	10-07-2001	12-06-2001

G0002 MORE PAGES TO FOLLOW . . .

LEW40
PAGE 004

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PUBLIC INFORMATION
INMATE DATA
AS OF 11-16-2011

*
*

11-16-2011
09:31:01

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW

PHONE...: 570-523-1251 FAX: 570-522-7745

TOTAL PRIOR CREDIT TIME.....: 61
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 3387
TOTAL GCT EARNED.....: 0
STATUTORY RELEASE DATE PROJECTED: 06-28-2074
EXPIRATION FULL TERM DATE.....: 10-06-2083

PROJECTED SATISFACTION DATE.....: 06-28-2074
PROJECTED SATISFACTION METHOD....: GCT REL

G0002

MORE PAGES TO FOLLOW . . .

LEW40
PAGE 005

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PUBLIC INFORMATION
INMATE DATA
AS OF 11-16-2011

*
*

11-16-2011
09:31:01

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW

HOME DETENTION ELIGIBILITY DATE: 04-06-2001

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 10-06-2001 VIA PAROLE

-----PRIOR JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: DIST OF COLUMBIA, SUPERIOR CRT
DOCKET NUMBER.....: F4197-96A
JUDGE.....: RETCHIN
DATE SENTENCED/PROBATION IMPOSED: 12-06-1996
DATE PROBATION REVOKED.....: 05-30-2000
TYPE OF PROBATION REVOKED.....: SPLIT
DATE WARRANT ISSUED.....: N/A
DATE WARRANT EXECUTED.....: N/A
DATE COMMITTED.....: 06-26-2002
HOW COMMITTED.....: PROBATION VIOL (US OR DC CD)
PROBATION IMPOSED.....: NO
SPECIAL PAROLE TERM.....:

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$20.00	\$00.00	\$00.00	\$00.00
RESTITUTION...:	PROPERTY: NO	SERVICES: NO	AMOUNT:	\$00.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE.....: 602
OFF/CHG: AGGRAVATED ASSAULT IN VIOLATION OF D.C. CODE

SENTENCE PROCEDURE.....: DC OMNIBUS ADULT SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 120 MONTHS
MINIMUM TERM.....: 40 MONTHS
DATE OF OFFENSE.....: 05-15-1996

G0002 MORE PAGES TO FOLLOW . . .

LEW40 *
PAGE 006 OF 006 *

PUBLIC INFORMATION
INMATE DATA
AS OF 10-06-2001

* 11-16-2011
* 09:31:01

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW
PHONE...: 570-523-1251 FAX: 570-522-7745
-----PRIOR COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 05-07-2003 AT THA AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
PRIOR COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 05-30-2000
TOTAL TERM IN EFFECT.....: 120 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 10 YEARS
EARLIEST DATE OF OFFENSE.....: 05-15-1996

JAIL CREDIT.....:	FROM DATE	THRU DATE
	05-15-1996	02-08-1998
	03-03-2000	05-29-2000

TOTAL JAIL CREDIT TIME.....: 723
TOTAL INOPERATIVE TIME.....: 0
STATUTORY GOOD TIME RATE.....: N/A
TOTAL SGT POSSIBLE.....: 0
PAROLE ELIGIBILITY.....: 10-06-2001
STATUTORY RELEASE DATE.....: 06-05-2008
TWO THIRDS DATE.....: N/A
180 DAY DATE.....: N/A
EXPIRATION FULL TERM DATE.....: 06-05-2008

PAROLE EFFECTIVE.....: 10-06-2001
PAROLE EFF VERIFICATION DATE.....: 10-06-2001
NEXT PAROLE HEARING DATE.....: N/A
TYPE OF HEARING.....: NOT ELIGIBLE

ACTUAL SATISFACTION DATE.....: 10-06-2001
ACTUAL SATISFACTION METHOD.....: PAROLE
ACTUAL SATISFACTION FACILITY.....: THA
ACTUAL SATISFACTION KEYED BY.....: TJH

DAYS REMAINING.....: 2434
FINAL PUBLIC LAW DAYS.....: 0

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Attachment B

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 12585-007

Inmate Name: HILL, DAVID

<u>Description</u>	<u>Type</u>	<u>ICD</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>	<u>Comments</u>
Dermatophytosis of nail (Tinea unguium) 10/22/2010 14:11 EST Alama, F. MLP	Chronic	110.1	10/22/2010	Current	10/22/2010	
Other chronic pain 08/18/2008 12:28 EST Naeem, Mohammad MLP	Chronic	338.29	08/18/2008	Current	08/18/2008	
Infection by other and unspecified mycoses 06/06/2008 17:31 EST Alired, David DO CD	Chronic	117.9	06/06/2008	Current	06/06/2008	general oncomycosis of toenails.
Other specified general medical examination 12/03/2010 11:02 EST Alama, F. MLP	Temporary/Acute	V70.8	12/03/2010	Current	12/03/2010	
Other medical exam for administrative purposes 06/22/2010 10:05 EST Navarro, I. MLP	Temporary/Acute	V70.3	06/22/2010	Current	06/22/2010	
Other medical exam for administrative purposes 02/05/2010 13:22 EST Navarro, I. MLP	Temporary/Acute	V70.3	02/05/2010	Current	02/05/2010	
Other medical exam for administrative purposes 01/19/2010 13:54 EST Navarro, I. MLP	Temporary/Acute	V70.3	01/19/2010	Current	01/19/2010	Patient in ambulatory restraints
Other medical exam for administrative purposes 01/04/2010 09:50 EST Alama, F. MLP	Temporary/Acute	V70.3	01/04/2010	Current	01/04/2010	
Other medical exam for administrative purposes 12/02/2009 10:06 EST Navarro, I. MLP	Temporary/Acute	V70.3	12/02/2009	Current	12/02/2009	
Respiratory disease (chronic) NOS 09/21/2009 10:34 EST Hemphill, J. PA-C	Temporary/Acute	519.9	09/21/2009	Current	09/21/2009	
Fractured restorative material w loss material 01/07/2009 12:40 EST Highsmith, S. K. DMD	Temporary/Acute	525.64	01/07/2009	Current	01/07/2009	

Reg #: 12585-007

Inmate Name: HILL, DAVID

Description	Type	ICD	Diag. Date	Status	Status Date	Comments
Dental caries extending into dentine						
07/10/2008 17:06 EST Buttermore, Julia DMD Temporary/Acute CDO		521.02	07/10/2008	Current	07/10/2008	Rev. H/HX, NSF
Other specified examination						
05/08/2008 11:42 EST Allred, David DO CD History/Resolved		V72.85	05/08/2008	Resolved	05/08/2008	normal examination; no evidence of trauma of any sort.
Total: 13						

Attachment C

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: LEW--LEWISBURG USP
Inmate: HILL, DAVID

Begin Date: 06/01/2011
Reg #: 12585-007

End Date: 11/16/2011
Quarter: C02-213L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Albuterol Inhaler HFA (6.7 GM) 90mcg
shake well and Inhale 2 puffs by mouth up to four times daily as needed

Rx#: 69724-LEW **Doctor:** Hemphill, J. PA-C
Start: 05/16/11 **Exp:** 08/14/11

Pharmacy Dispensings: 20.1 GM in 184 days

Albuterol Inhaler HFA (6.7 GM) 90mcg
shake well and Inhale 2 puffs by mouth up to four times daily as needed

Rx#: 82525-LEW **Doctor:** Zook, Kenneth PA-C
Start: 11/10/11 **Exp:** 02/08/12

Pharmacy Dispensings: 6.7 GM in 6 days

Ibuprofen 600 MG Tab

Take one tablet by mouth three times daily with food as needed for pain

Rx#: 71219-LEW **Doctor:** Hemphill, J. PA-C
Start: 06/06/11 **Exp:** 07/06/11

Pharmacy Dispensings: 30 TAB in 163 days

Ibuprofen 600 MG Tab

Take one tablet by mouth three times daily with food as needed for pain

Rx#: 75058-LEW **Doctor:** Hemphill, J. PA-C
Start: 07/28/11 **Exp:** 08/27/11

Pharmacy Dispensings: 90 TAB in 111 days

Attachment D

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID		Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M Race: BLACK	Facility: LEW
Note Date: 01/26/2011 05:13	Provider: Hemphill, J. PA-C	Unit: D03

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Hemphill, J. PA-C

Medication Renewal: albuterol Inhaler.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
55728-LEW	Albuterol Inhaler HFA (6.7 GM) 90mcg	01/26/2011 05:13	shake well and inhale 2 puffs by mouth up to four times daily as needed x 90 day(s)

Indication: Respiratory disease (chronic) NOS

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 01/26/2011 05:14

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Hemphill, J. PA-C	Race:	BLACK
Encounter Date:	01/26/2011 05:13			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 01/26/2011 09:12.

Attachment E

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Hemphill, J. PA-C		Facility: LEW
Note Date: 06/06/2011 11:26			Unit: D03

Medication Renewal/Review encounter performed at Special Housing Unit.
Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Hemphill, J. PA-C

Medication Renewal.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>
57852-LEW	Ibuprofen 600 MG Tab

<u>Order Date</u>
06/06/2011 11:26

Prescriber Order

Take one tablet by mouth three times daily with food as needed for pain x 30 day(s) -- refill x 2

Indication: Other chronic pain

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 06/06/2011 11:27
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Hemphill, J. PA-C	Race:	BLACK
Encounter Date:	06/06/2011 11:26			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/07/2011 09:59.

Attachment F

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Reg #: 12585-007
Date of Birth: 05/16/1971	Sex: M Race: BLACK
Note Date: 11/15/2011 14:05	Facility: LEW Unit: C02
Provider: Zook, Kenneth PA-C	

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Zook, Kenneth PA-C

med renewal - chronic pain, itchy/burning feet

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Miconazole Cream 2%	11/15/2011 14:05	1/4" ribbon Topically -Two Times a Day x 6 day(s) -- apply to clean dry skin in affected area of foot

Indication: Infection by other and unspecified mycoses

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
75058-LEW	Ibuprofen 600 MG Tab	11/15/2011 14:05	Take one tablet by mouth three times daily with food as needed for pain x 30 day(s)

Indication: Other chronic pain

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Zook, Kenneth PA-C on 11/15/2011 14:07
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Zook, Kenneth PA-C	Facility: LEW	
Note Date: 11/10/2011 12:23		Unit: C02	

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Zook, Kenneth PA-C

Patient has mild asthma. Rx for inhaler is expired. Requests renewal. No acute symptoms.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
69724-LEW	Albuterol Inhaler HFA (6.7 GM) 90mcg	11/10/2011 12:23	shake well and Inhale 2 puffs by mouth up to four times daily as needed x 90 day(s)

Indication: Respiratory disease (chronic) NOS

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Zook, Kenneth PA-C on 11/10/2011 12:25

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 11/10/2011 12:23

Sex: M
Provider: Zook, Kenneth PA-C

Reg #: 12585-007
Race: BLACK
Facility: LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 11/10/2011 14:45.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Peoria, M. PA-C	Facility: LEW
Note Date: 10/07/2011 09:09		Unit: C03

Sick Call/Triage encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Peoria, M. PA-C

C-block s/c cop-out dated 10/3/2011. C/O lower back pain, requests an appointment with the doctor.

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/07/2011	Counseling	Access to Care	Peoria, M.	No Participation

Will inform patient that his request for an appointment with the physician for LBP is denied. He should generate a sick call cop-out to his PCP.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Peoria, M. PA-C on 10/07/2011 09:15

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 10/07/2011 09:09

Sex: M
Provider: Peoria, M. PA-C

Reg #: 12585-007
Race: BLACK
Facility: LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 10/07/2011 12:43.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Snyder, S. HIT	Facility: LEW
Note Date: 10/06/2011 11:54		Unit: C03

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Snyder, S. HIT

Received copy of clinical encounter dated 9/22/10.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Snyder, S. HIT on 10/06/2011 11:55

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Hemphill, J. PA-C	Facility: LEW
Note Date: 07/28/2011 12:06		Unit: D01

Sick Call/Triage encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Hemphill, J. PA-C

Medication Renewal.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
71219-LEW	Ibuprofen 600 MG Tab	07/28/2011 12:06	Take one tablet by mouth three times daily with food as needed for pain x 30 day(s)

Indication: Other chronic pain

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 07/28/2011 12:09.

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Reg #:	12585-007
Date of Birth:	05/16/1971	Sex:	M
Encounter Date:	07/28/2011 12:06	Provider:	Hemphill, J. PA-C
		Race:	BLACK
		Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 07/28/2011 14:50.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 07/27/2011 16:00

Sex: M Race: BLACK
Provider: Brenneman, William RN

Reg #: 12585-007
Facility: LEW
Unit: D01

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Brenneman, William RN

Chief Complaint: No Complaint(s)

Subjective: Inmate evaluated due to being in ambulatory restraints.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/27/2011	16:00 LEW	84	Radial	Regular	Brenneman, William RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/27/2011	16:00 LEW	14	Brenneman, William RN

Exam:

General

Appearance/Nutrition

Yes: Appears Well, NAD, WD/WN, Alert and Oriented x 3

Affect

Yes: Cooperative

Pulmonary

Observation/Inspection

Yes: Normal

Cardiovascular

Observation

Yes: Normal Rate, Regular Rhythm

Peripheral Vascular

Arms

Yes: Radial Pulse Normal, Capillary Refill Normal

Legs

Yes: Dorsalis Pedis Normal, Capillary Refill Normal

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Brenneman, William RN	Facility: LEW	Unit: D01
Encounter Date: 07/27/2011 16:00			

PLAN:**Disposition:**

Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/27/2011	Counseling	Access to Care	Brenneman, William	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Brenneman, William RN on 07/27/2011 16:51
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Brenneman, William RN	Race:	BLACK
Encounter Date:	07/27/2011 16:00			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 07/28/2011 09:21.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 07/27/2011 13:34

Sex: M Race: BLACK
Provider: Ladisic, Heather RN

Reg #: 12585-007
Facility: LEW
Unit: D01

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 Provider: Ladisic, Heather RN

Date of Injury: 07/27/2011 13:34 Date Reported for Treatment: 07/27/2011 13:50

Work Related: No Work Assignment: UNASSG

Pain Location:

Pain Scale: Unavailable

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

D block cell 204

Cause of Injury (Inmate's Statement of how injury occurred):

None stated

Symptoms (as reported by inmate):

None reported

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/27/2011	13:50	96	Radial	Regular	Ladisic, Heather RN

Respirations:

Date	Time	Rate Per Minute	Provider
07/27/2011	13:50	22	Ladisic, Heather RN

Exam:

General

Appearance/Nutrition

Yes: Appears Well, NAD, WD/WN, Alert and Oriented x 3

No: Dyspneic, Appears in Pain, Writhing in Pain, Appears in Distress, Pale, Diaphoretic

Affect

Yes: Flat

Pulmonary

Observation/Inspection

Yes: Normal

No: Respiratory Distress

Cardiovascular

Observation

Yes: Normal Rate, Regular Rhythm

Peripheral Vascular

Arms

Yes: Radial Pulse Normal, Capillary Refill Normal

Legs

Yes: Dorsalis Pedis Normal, Capillary Refill Normal

ASSESSMENT:

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Ladislac, Heather RN	Facility: LEW	Unit: D01
Encounter Date: 07/27/2011 13:34			

No Significant Findings/No Apparent Distress

I/M placed into ambulatory restraints. Verbalized no medical complaints. No signs of trauma noted. Good distal pulses and capillary refill <2 seconds in all extremities.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Restraint checks

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/27/2011	Not Done		Ladislac, Heather	No Participation

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Ladislac, Heather RN on 07/27/2011 14:01

Requested to be cosigned by Pigos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Ladslc, Heather RN	Race:	BLACK
Encounter Date:	07/27/2011 13:34			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 07/28/2011 11:44.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 07/21/2011 13:30

Sex: M Race: BLACK
Provider: Potter, L. EMT-P

Reg #: 12585-007
Facility: LEW
Unit: D01

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 **Provider:** Potter, L. EMT-P

Date of Injury: 07/21/2011 13:30 **Date Reported for Treatment:** 07/21/2011 13:30

Work Related: No **Work Assignment:** UNASSG

Pain Location:

Pain Scale: 0

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

Unknown

Cause of Injury (Inmate's Statement of how injury occurred):

Checked for SIS

Symptoms (as reported by inmate):

No comments made

OBJECTIVE:

Exam:

General

Appearance/Nutrition

Yes: Appears Well, NAD, WD/WN, Alert and Oriented x 3

No: Lethargic, Obtunded, Stuporous, Appears in Pain, Appears in Distress, Disheveled, Unkempt, Acutely Ill

Affect

Yes: Flat

No: Cooperative

Use of force team used to remove I/N from cell. Injury assessment report done. No signs of trauma noted. I/M did not verbalized any medical complaints. I/M returned to cell without incident.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/21/2011	Not Done		Potter, L.	No Participation

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Potter, L. EMT-P	Facility: LEW	Unit: D01
Encounter Date: 07/21/2011 13:30			

Copay Required: No Cosign Required: Yes
Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 07/21/2011 13:45
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: HILL, DAVID
Date of Birth: 05/16/1971
Encounter Date: 07/21/2011 13:30

Sex: M
Provider: Potter, L. EMT-P

Reg #: 12585-007
Race: BLACK
Facility: LEW

Cosigned by Santos, Elizabete D.O. on 07/22/2011 08:40.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Snyder, S. HIT	Facility: LEW
Note Date: 07/11/2011 09:59		Unit: D03

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Snyder, S. HIT

Inmate received copies of clinical encounters dated 12/2/10 and 12/3/10.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Snyder, S. HIT on 07/11/2011 10:00

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: HILL, DAVID	Sex: M	Race: BLACK	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Hemphill, J. PA-C		Facility: LEW
Note Date: 06/06/2011 11:26			Unit: D03

Medication Renewal/Review encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Hemphill, J. PA-C

Medication Renewal.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
57852-LEW	Ibuprofen 600 MG Tab	06/06/2011 11:26	Take one tablet by mouth three times daily with food as needed for pain x 30 day(s) -- refill x 2

Indication: Other chronic pain

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Hemphill, J. PA-C on 06/06/2011 11:27

Requested to be cosigned by Plgos, Kevin MD/Clinical Director.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Hemphill, J. PA-C	Race:	BLACK
Encounter Date:	06/06/2011 11:26			Facility:	LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/07/2011 09:59.

**UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

DAVID E. HILL,	:	CIVIL NO. 3:CV-11-1609
Plaintiff	:	
	:	(Conaboy, J.)
v.	:	
	:	
HARLEY LAPPIN, et al.,	:	
Defendants	:	Filed Electronically

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she is an employee in the Office of the United States Attorney for the Middle District of Pennsylvania and is a person of such age and discretion to be competent to serve papers.

That this 30th day of January, 2012, she served a copy of the attached

**EXHIBITS TO BRIEF IN SUPPORT OF DEFENDANTS'
MOTION TO DISMISS AND FOR SUMMARY JUDGMENT**

by placing said copy in a postpaid envelope addressed to the person hereinafter named, at the place and address stated below, which is the last known address, and by depositing said envelope and contents in the United States Mail at Harrisburg, Pennsylvania.

ADDRESSEE:

David E. Hill
Reg. No. 12585-007
USP Lewisburg
PO Box 1000
Lewisburg PA 17837

/s Anita L. Lightner
Anita L. Lightner
Paralegal Specialist